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|---|----------------------------------|--|--|-------------------------------------|-------------------------------|-----------|--------------------------|--------------------------------|----------|--------------------------|----------------------------------|----------|--------------------------|---------------------------------|----------|--------------------------|---------------------------------|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 246152015300 | | | | | | | | | | | | | | | | |
| In re Application of Johannes BOOIJ et al. Application Number 09/937,834 Filed (Int'l) April 3, 2000 For AGGLOMERATES BY CRYSTALLISATION Art Unit 1624 Examiner M. L. Berch | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 60%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 25%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. <small>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</small></p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <small>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</small> <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <small>Registration number if acting under 37 CFR 1.34(a) <u>46,473</u></small></p> <p><u>October 25, 2004</u> <u>Date</u> <u>(858) 314-5413</u> <u>Telephone Number</u></p> <p><i>Emily Tongco</i> <u>Signature</u> <u>Emily C. Tongco</u> <u>Typed or printed name</u></p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</small></p> | | | | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | | | | | | | | | | | | | | | | |

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